

ARKANSAS REAL ESTATE COMMISSION
612 SOUTH SUMMIT STREET
LITTLE ROCK, AR 72201-4740
(501) 683-8010 FAX: (501) 683-8020

Reason for requesting firm name approval: ✓ One

☐ NEW FIRM

☐ CHANGE OF FIRM NAME

☐ CHANGE OF ADDRESS TO A
DIFFERENT CITY

☐ OTHER (ATTACH EXPLANATION)

☐ BRANCH OFFICE

*(attach letter from main office
Principal Broker stating who will be
Principal Broker at Branch Office)*

☐ CHANGE OF PRINCIPAL BROKER

*(attach letter releasing firm name from old
Principal Broker)*

REAL ESTATE COMMISSION REGULATION 7.1 APPROVAL OF FIRM NAME

“The commission shall issue no principal broker’s license where the proposed name of the firm is confusingly similar to the name of another firm, is misleading, or would in any way be confusing to the public. It shall be the duty of the principal broker to inquire of the commission concerning the acceptability of the firm name.”

FIRM NAME APPROVAL REQUEST FORM

FIRST CHOICE

SECOND CHOICE

THIRD CHOICE

THE CITY IN WHICH OFFICE WILL BE LOCATED: _____

DAYTIME PHONE NUMBER: () _____ - _____

THE DATE I INTEND TO BEGIN USING THIS NAME: _____

PRINT BROKER’S NAME AS LICENSED: _____

(IF YOU JUST PASSED THE BROKER’S EXAM PLEASE PUT DATE PASSED HERE: _____)

LICENSE NUMBER OR SOCIAL SECURITY NUMBER: _____

DATE _____ SIGNATURE _____

ADDRESS TO MAIL APPROVAL TO: _____

-or- FAX APPROVAL TO: () _____ - _____

**IS YOUR FAX ON ALL THE
TIME? ☐ YES ☐ NO**